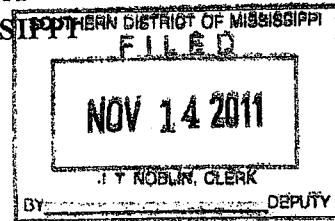


FORM TO BE USED BY PRISONERS IN FILING A COMPLAINT UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983

IN THE UNITED STATES DISTRICT COURT  
FOR THE SOUTHERN DISTRICT OF MISSISSIPPI

## COMPLAINT



Lashare 132426  
(Last Name) (Identification Number)

Jason Allen  
(First Name) (Middle Name)

Washington County  
(Institution)

1398 North Beauchamp Ext.  
(Address) Greenville, MS 38703  
(Enter above the full name of the plaintiff, prisoner, and address plaintiff in this action)

v.

CIVIL ACTION NUMBER

3:11-cv-00700-TSM-MTP  
(to be completed by the Court)

Leake County

(Enter above the full name of the defendant or defendants in this action)

## OTHER LAWSUITS FILED BY PLAINTIFF

## NOTICE AND WARNING:

The plaintiff must fully complete the following questions. Failure to do so may result in your case being dismissed.

- A. Have you ever filed any other lawsuits in a court of the United States? Yes ( ) No ( ☒ )
- B. If your answer to A is yes, complete the following information for each and every civil action and appeal filed by you. (If there is more than one action, complete the following information for the additional actions on the reverse side of this page or additional sheets of paper.)
- Parties to the action: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  - Court (if federal court, name the district; if state court, name the county): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  - Docket Number: \_\_\_\_\_
  - Name of judge to whom case was assigned: \_\_\_\_\_
  - Disposition (for example: was the case dismissed? If so, what grounds? Was it appealed? Is it still pending?): \_\_\_\_\_

## PARTIES

(In item I below, place your name and prisoner number in the first blank and place your present address in the second blank. Do the same for additional plaintiff, if any).

I. Name of plaintiff: Jason A. Lashare Prisoner Number: 132426

Address: 1398 North Beauchamp Ext.

Greenville, ms

38703

(In item II below, place the full name of the defendant in the first blank, his official position in the second blank, and his place of employment in the third blank. Use the space below item II for the names, positions, and places of employment of any additional defendants.)

II. Defendant: Leake County is employed as

\_\_\_\_\_ at \_\_\_\_\_

The plaintiff is responsible for providing the court the name and address of each plaintiff(s) as well as the name(s) and address(es) of each defendant(s). Therefore, the plaintiff is required to complete the portion below:

## PLAINTIFF:

NAME: Jason A. Lashare

ADDRESS: 1398 North Beauchamp Ext.

Greenville, ms 38703

## DEFENDANT(S):

NAME: Leake County

ADDRESS: Carthage, ms

### GENERAL INFORMATION

- A. At the time of the incident complained of in this complaint, were you incarcerated because you had been convicted of a crime?  
Yes ( ☒ ) No ( ☐ )
- B. Are you presently incarcerated for a parole or probation violation?  
Yes ( ☒ ) No ( ☐ )
- C. At the time of the incident complained of in this complaint, were you an inmate of the Mississippi Department of Corrections (MDOC)?  
Yes ( ☒ ) No ( ☐ )
- D. Are you currently an inmate of the Mississippi Department of Corrections (MDOC)?  
Yes ( ☒ ) No ( ☐ )
- E. Have you completed the Administrative Remedy Program regarding the claims presented in this complaint?  
Yes ( ☐ ) No ( ☒ ), if so, state the results of the procedure: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- F. If you are not an inmate of the Mississippi Department of Corrections, answer the following questions:
1. Did you present the facts relating to your complaint to the administrative or grievance procedure in your institution?  
Yes ( ☐ ) No ( ☐ )
  2. State how your claims were presented (written request, verbal request, request for forms): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  3. State the date your claims were presented: \_\_\_\_\_
  4. State the result of the procedure: \_\_\_\_\_  
\_\_\_\_\_

## STATEMENT OF CLAIM

- III. State here as briefly as possible the facts of your case. Describe how each defendant is involved. Also, include the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of different claims, number and set forth each claim in a separate paragraph. (Use as much space as you need; attach extra sheet if necessary.)

In April of 2009 I was incarcerated at Leake County work center. My job title was garbage truck. On OR around April 14 I fell off garbage truck. I went to Carthage hospital. They could not do any thing for me so a helicopter came and air lifting me to Jackson "UMC". They did X-rays and discovered that I had a fracture skull. They called my family and told them that they needed to come up there cuz they did not know if I was going to make it. I stayed there about 8 days. They gave me drugs test and I came up clean.

## RELIEF

- IV. State what relief you seek from the court. Make no legal arguments. Cite no cases or statutes.

Pain and suffering, doctor bills

Signed this 9<sup>th</sup> day of November, 20 11.

Jason Jothane 132426  
1398 North Beauchamp Ext. Greenville  
 Signature of plaintiff, prisoner number and address of plaintiff ms  
38703

I declare under penalty of perjury that the foregoing is true and correct.

(Date)

Jason Jothane  
 Signature of plaintiff

Carthage hospital and "UMC" sent doctor bills to my family. They had to put my right ear back on. I have a scar from that. I go through a lot of pain everyday. I get real bad headache.

Thank You  
Jason Jathane  
132426